SEP 1 4 2005

PTO/SB/21 (09-04)

13		PTO/SB/21 (09-04)			
ANSMITTAL FORM	Application Number	10/685,687	7		
TRANSMITTAL	Filing Date	October 14, 2003			
FORM	First Named Inventor	Chen, Xianhai			
	Art Unit	1733			
(to be used for all correspondence after initial filing)	Examiner Name	ROSSI, JESSICA			
Total Number of Pages in This Submission	Attorney Docket Number	014116-008100US			

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ENCLOSURES (Check all that apply)											
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Printed	name	Ardesh	nir Tabibi								
Date		(9/12/05				Reg. No.	4	18,750	•	
CERTIFICATE OF TRANSMISSION/MAILING											
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (571) 273-8300 on											
Signature Lawley											
Typed	or printed n	ame	Diane Hawley		<u> </u>	an rig				Date	9-12-05

OIP SEP 1	Effective on 12/0	
THENT'S TRA	EE TRANS	
TRA	EL IIVAIN	
	For FY 2	2005
	Applicant claims small entity state	us. See 37 CFR 1.27
;	TOTAL AMOUNT OF PAYMENT	(\$) 130
_	METHOD OF PAYMENT (check	all that apply)
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Application Number	10/685,687		
Filing Date	October 14, 2003		
First Named Inventor	Chen, Xianhai		
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Art Unit	1733		
Attorney Docket No.	014116-008100US		

Date 9/12/05

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METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP								
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FEE CALCULATI	ON	-						
1. BASIC FILING	, SEARCH, AND	EXAMINA	ATION FEES	-				
		G FEES	SEA	RCH FEES Small Entity		TION FEES		
Application Ty		Fee (\$)	<u>Fee</u>	(\$) Fee (\$)	Fee (\$) F		Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	(0	0	0		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Small Entity Fee (\$) Fee (\$) 25 20 100 360 180								
Total Claims	Extra Cla	ms F	ee (\$) Fe	e Paid (\$)	Multiple D	Dependent Claim		
-20 or HP = x = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof round up to a whole number) x Fee (\$) Fee Paid (\$)								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other: Petition For Terminal Disclaimer 130								
SUBMITTED BY								
Signature	1114	V:X .		Registration No. (Attorney/Agent)	48,750	Telephone	650-326-2400	

Name (Print/Type) Ardeshir Tabibi